Form Mis Sun
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## Missouri Department of Revenue Surrendered License Plate Receipt

Validation Only		

Registered Owner's Name																							
Quantity of Plates Surrendered Surrendered Plate Number		r	Expiration Year Dat					Date Operation of Vehicle Ceased						Date Plate was Surrendered									
							ı			/		_/					/		/_				
Year	Make Vehicle Identification Number																						
License Office Signature																							
Remarks																							

Motor Vehicle Bureau PO Box 100 Jefferson City, MO 65105-0100

**Phone:** (573) 526-3669

E-mail: mvbmail@dor.mo.gov

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